

U.S. Department of Justice
United States Marshals Service

Case 2:14-cv-03873-GJP Document 10-1 Filed 10/22/14 Page 1 of 1

PROCESS RECEIPT AND RETURN
See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF Troy Moore, Sr.		COURT CASE NUMBER 14-3873	
DEFENDANT McGrogan, Rn. Medical Nurse		TYPE OF PROCESS Lawsuit	
SERVE ➔ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN McGrgan, Rn. Medical Nurse, Industrial Correctional Center		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 8301 State Road Philadelphia, Pa 19136		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285	n/a
Office of the Clerk United States District Court Room 2609 601 Market Street Philadelphia, Pa 19106		Number of parties to be served in this case	
		Check for service on U.S.A.	yes

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

FILED

Fold

OCT 22 2014

MICHAEL E. KUNZ, Clerk
By _____ Dep. Clerk

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

n/a

DATE

7-15-14

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 666	District to Serve No. 666	Signature of Authorized USMS Deputy or Clerk Marie [Signature]	Date
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I hereby certify and return that I have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Kim Tines, Corizon Legal

Address (complete only if different than shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service Time am

10-08-14 4:30 pm
Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

PRIOR EDITIONS
MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/80)

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

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PLAINTIFF Troy Moore, Sr.	COURT CASE NUMBER No. 14-3873
DEFENDANT Louis Giorla	TYPE OF PROCESS Lawsuit

SERVE ➔ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Louis Giorla, Industrial Correctional Center
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 8301 State Road Philadelphia, Pa 19136

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: Office of the Clerk United States District Court Room 2609 601 Market St. Philadelphia, Pa 19106	Number of process to be served with this Form - 285 n/a
	Number of parties to be served in this case 1
	Check for service on U.S.A. yes

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses; All Telephone Numbers, and Estimated Times Available For Service):

Fold

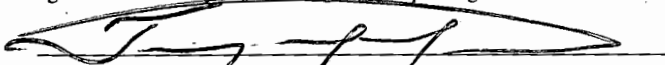
Fold

n/a

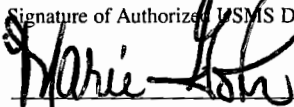
FILED

OCT 22 2014

MICHAEL E. KUNZ, Clerk
By Dep. Clerk

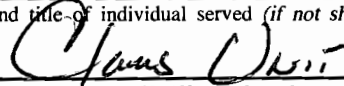
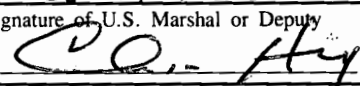
Signature of Attorney or other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER n/a	DATE 7-15-14
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 66	District to Serve No. 66	Signature of Authorized USMS Deputy or Clerk 	Date
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above) 	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service 10.08.14
	Time 1:30
	Signature of U.S. Marshal or Deputy 

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS: